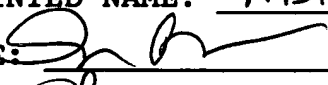



**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>11/21/04</u>		2 Serial/Patent # <u>10/739220</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing		\$							
	Amendment		\$							
	Extension of Time		\$							
	Notice of Appeal/Appeal		\$							
	<input checked="" type="checkbox"/> Petition	<u>1FW</u>	<u>9/17/04</u>	<u>\$ 130</u>						
	Issue		\$							
	Cert of Correction/Terminal Disc.		\$							
	Maintenance		\$							
	Assignment		\$							
Other		\$								
7 TOTAL AMOUNT OF REFUND			\$							
8 TO BE REFUNDED BY:										
Treasury Check										
Credit Deposit A/C #:										
9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">9</td> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> </tr> </table>				1	9	--	3	9	3	5
1	9	--	3	9	3	5				
10 REASON:										
Overpayment										
Duplicate Payment										
<input checked="" type="checkbox"/> No Fee Due (Explanation):										
<u>PTO ERROR</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>ABROWN</u>		TITLE: <u>Attorney</u>								
SIGNATURE: 		PHONE: <u>2-3285</u>								
OFFICE: <u>OP</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: 		DATE: <u>11/4/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**